

PART B - FEE(S) TRANSMITTAL

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20210 7506 10/10/2006

DAVIS & BUJOLD, P.L.L.C.
112 PLEASANT STREET
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MICHAEL J. BUJOLD

(Depositor's name)

Michael J. Bujold

(Signature)

JANUARY 11, 2010

(Date)

APPLICATION NO.	FLING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/03070815	03/06/2006	Josef Binder	ZAHFRIPR24US	4903

TITLE OF INVENTION: GEAR BOX WITH TWO PINION SHAFTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/10/2010

EXAMINER	ART UNIT	CLAS/SUBCLASS
KNIGHT, DEREK DOUGLAS	3655	074-331000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36)	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternately,
<input checked="" type="checkbox"/> Change of correspondence address or Change of Correspondence Address form PTO/SB/122 attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ZF FRIEDRICHSHAFEN AG

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

FRIEDRICHSHAFEN, GERMANY D-88038

Please check the appropriate assignee category or categories (will not be printed on the patent). Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted.

 Payment of fees (Please first reapply any previously paid issue fee shown above)

An check is enclosed.

Payment by credit card form PTO-803 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **04-0213** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Authorized Signature

Michael J. Bujold

Date **JANUARY 11, 2010**

Typed or printed name

MICHAEL J. BUJOLD

Registration No. **32,018**

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